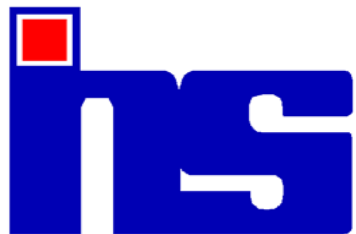




Reproductive Health Services and Sector Reform (RHSSR) in AP.

State Action Plan



Institute of Health Systems

HACA Bhavan, Hyderabad, AP 500004, India

IHS Project team

- Dr. Prasanta Mahapatra
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- Ms. Pushpa Latha
- Ms. Swathi Gayatri
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 - ▶ Ms. Neelima
- Interacted and benefited from:
 - ▶ Ms. Nilam Sawhney, Commissioner, CFW
 - ▶ Dr. Pattabhiramaiah
 - ▶ Ms. Priya Mohandas and other staff of CFW

Presentation Outline

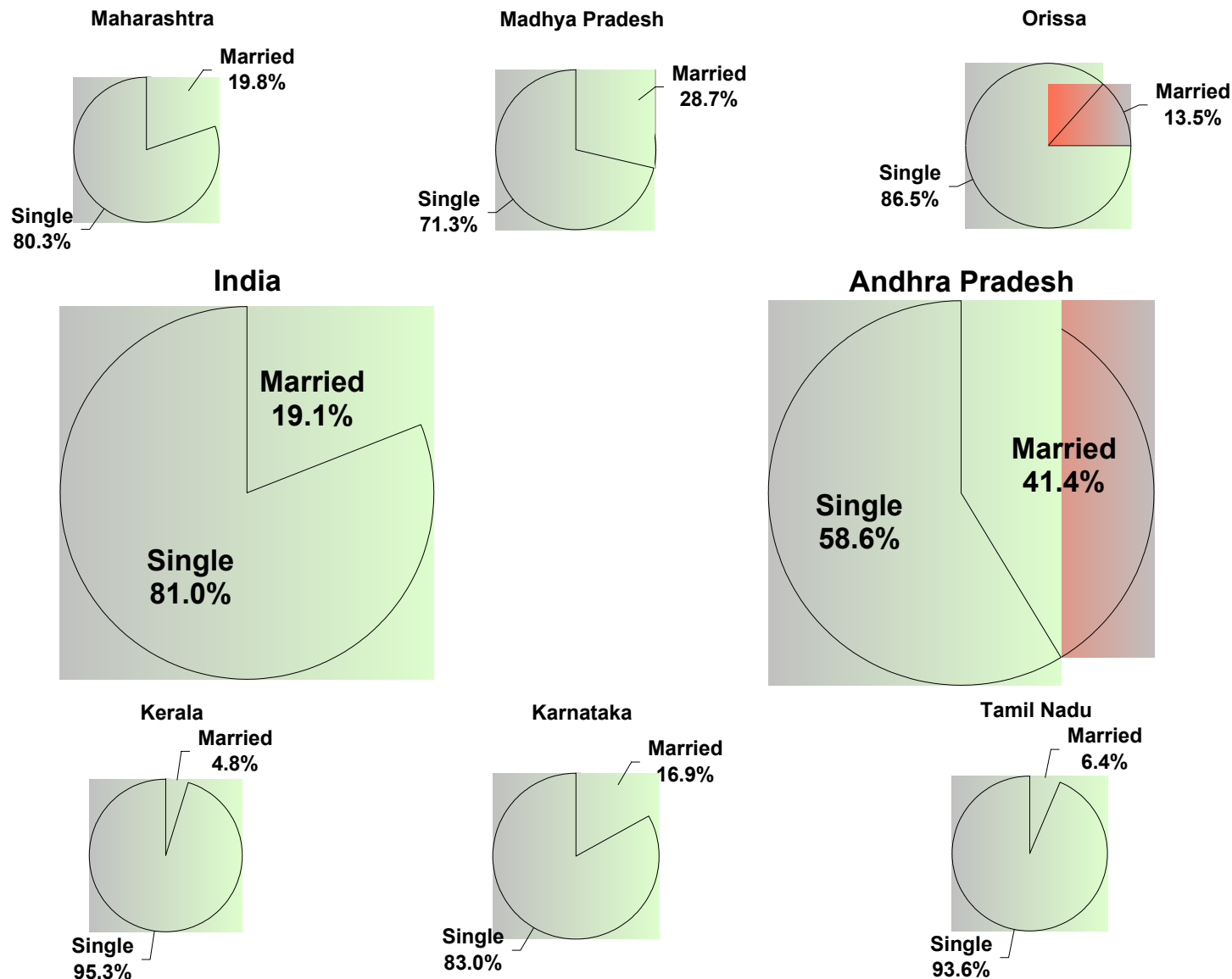
- Reproductive Health Status in AP
- Child Health Status in AP
- Review of RCH Programs in AP
- Results from ANM Focus Groups
- The PHC Medical Officers Workshop.
- Understanding the Vision 2020 health goals
- Policy reviews - Overview
- State Action Plan

Reproductive Health Status in AP

RHSSR-AP

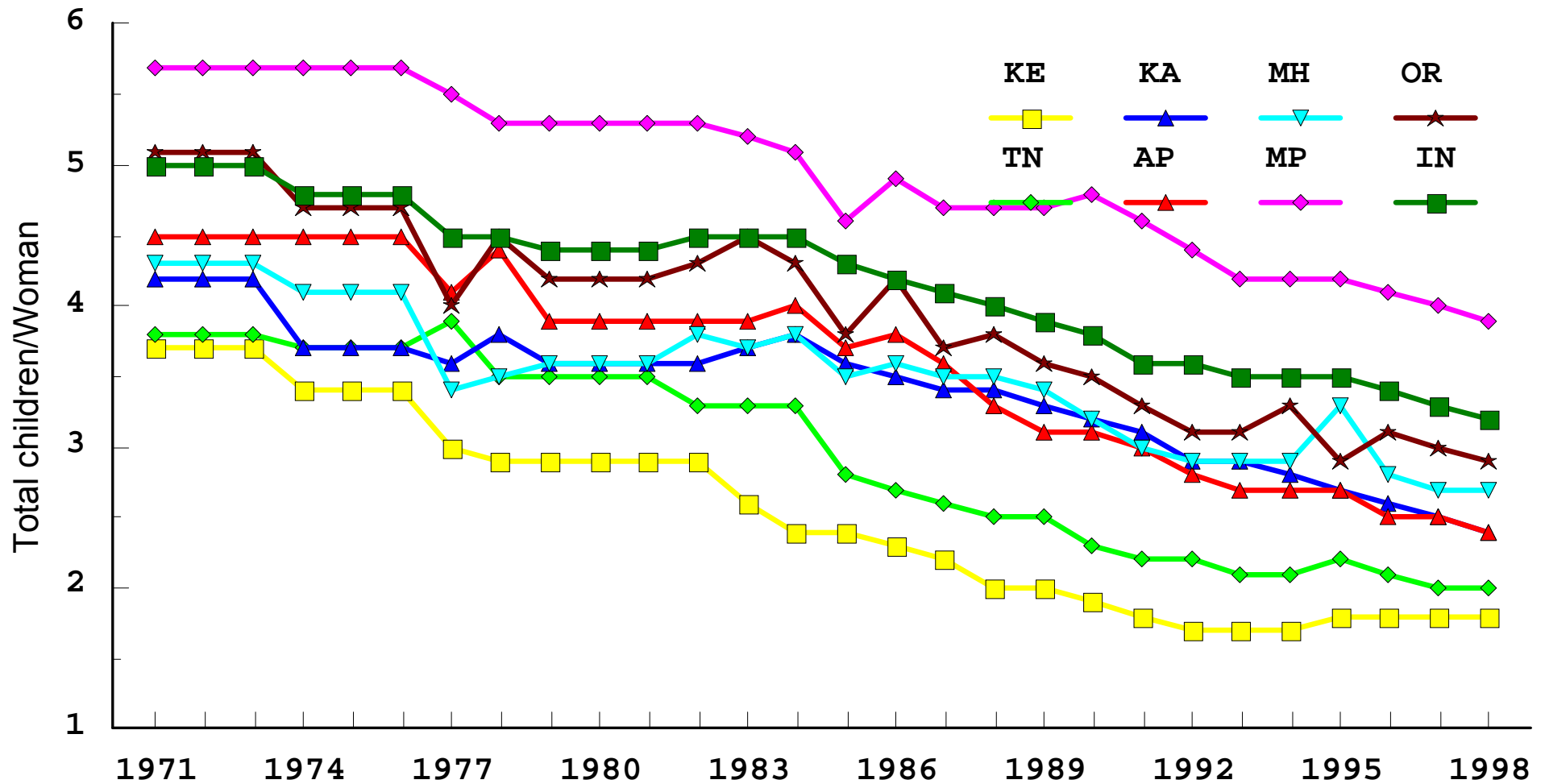


Marital status of Young girls (<18 years) in AP, and other states.



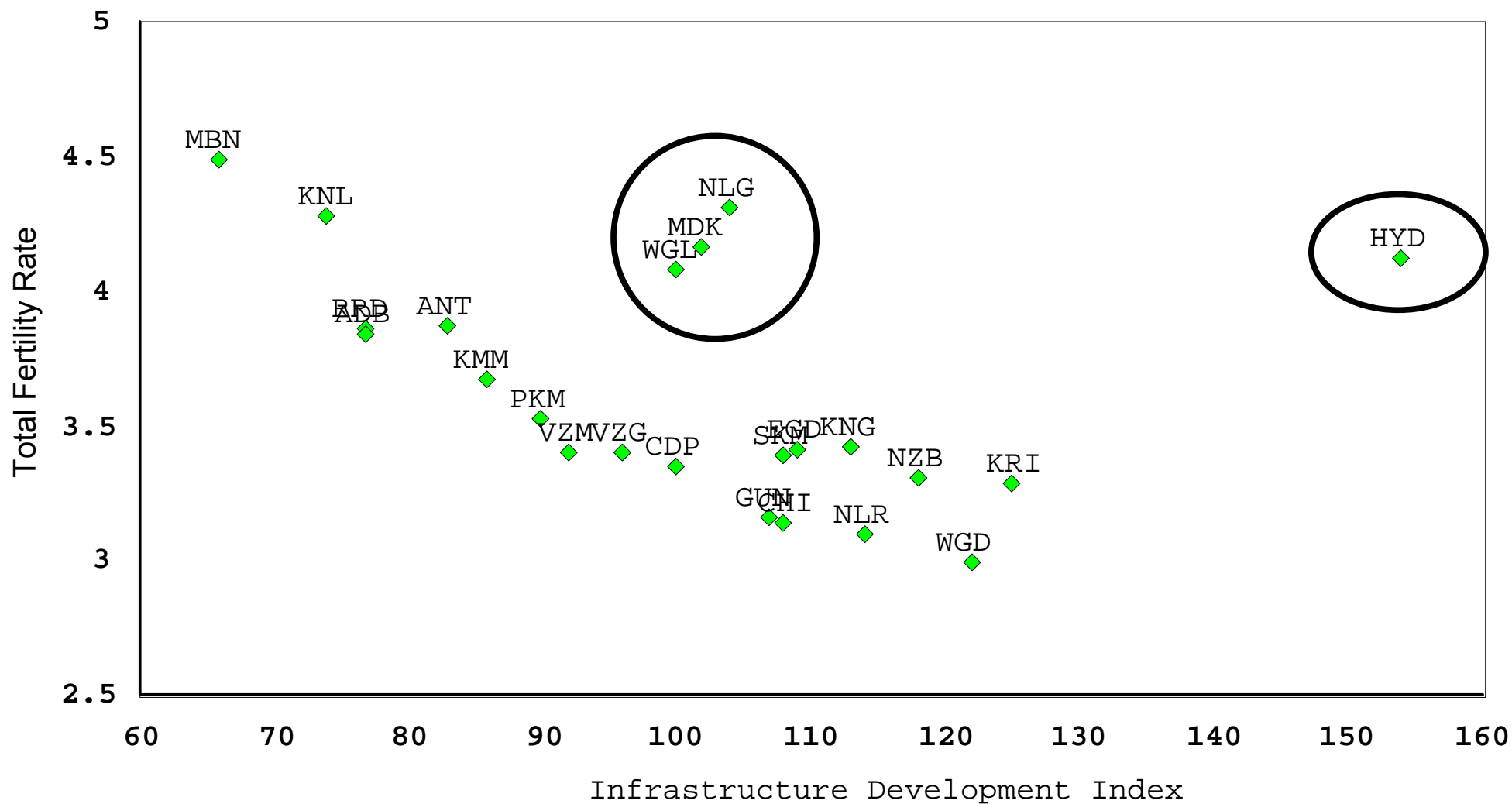
Source: Median of estimates for years 1993-98 from SRS 1993-94 statement-12, p28; 1995-96 statement-11, p28; 1997-98 statement-11, p27.

Total fertility rate (TFR) in Andhra Pradesh and other states 1971-1998



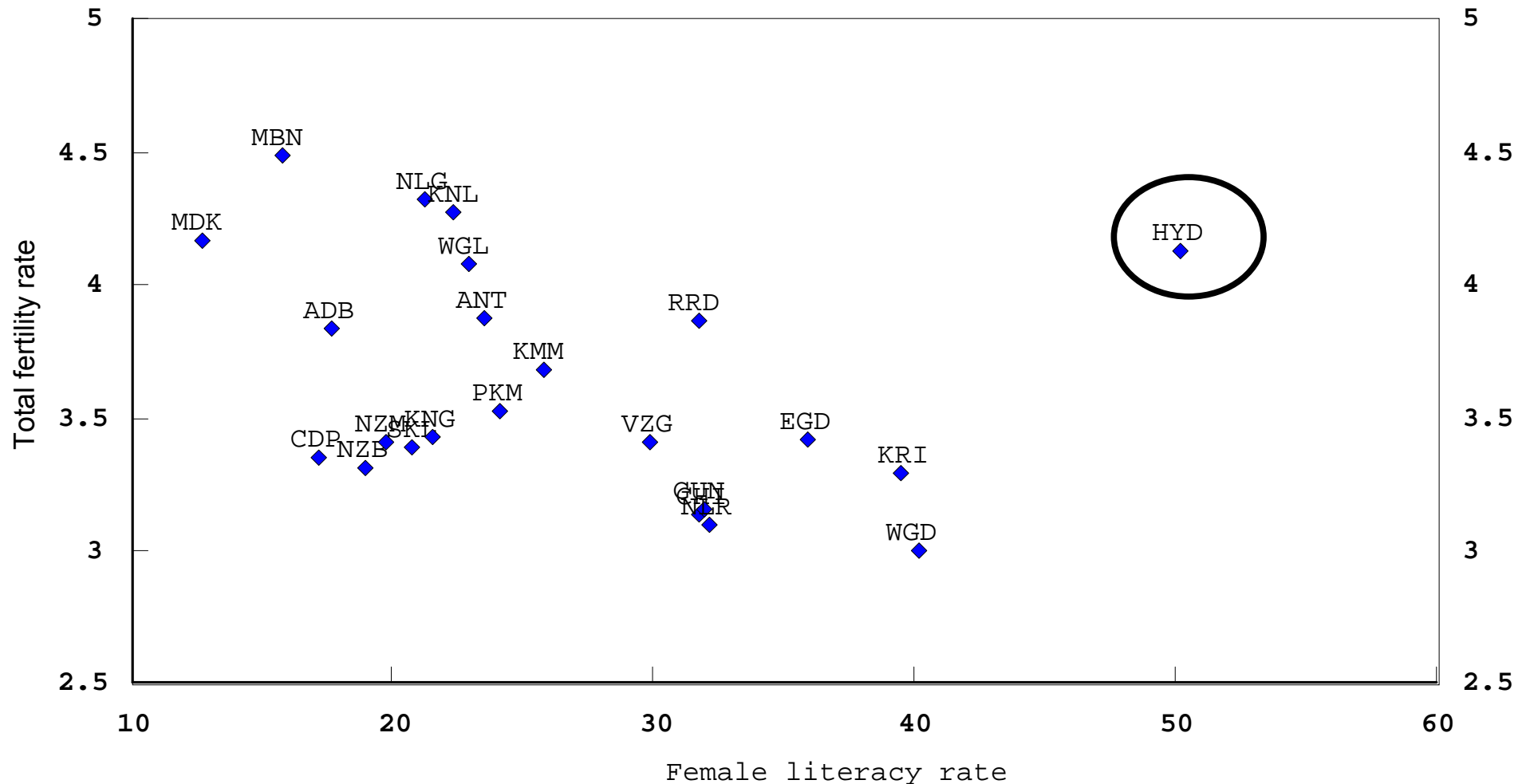
Source: SRS for the period 1971-1998. Estimates for 1971-73, 1974-76 are the average total fertility rates given in SRS 1976-78 (statement no-38). Estimates for 1979-81 given in SRS 1981(statement-15)

Level of Infrastructure Development in AP districts and their Total Fertility Rate.



Source: CMIE, 2000. The computations of Infrastructure Development Index is for 1995. District level estimates of fertility and child mortality for 1991 and their interrelations with other variables. Occasional paper No.1 of 1997 RGI.

Female literacy and TFR in the districts of Andhra Pradesh for the year 1991.

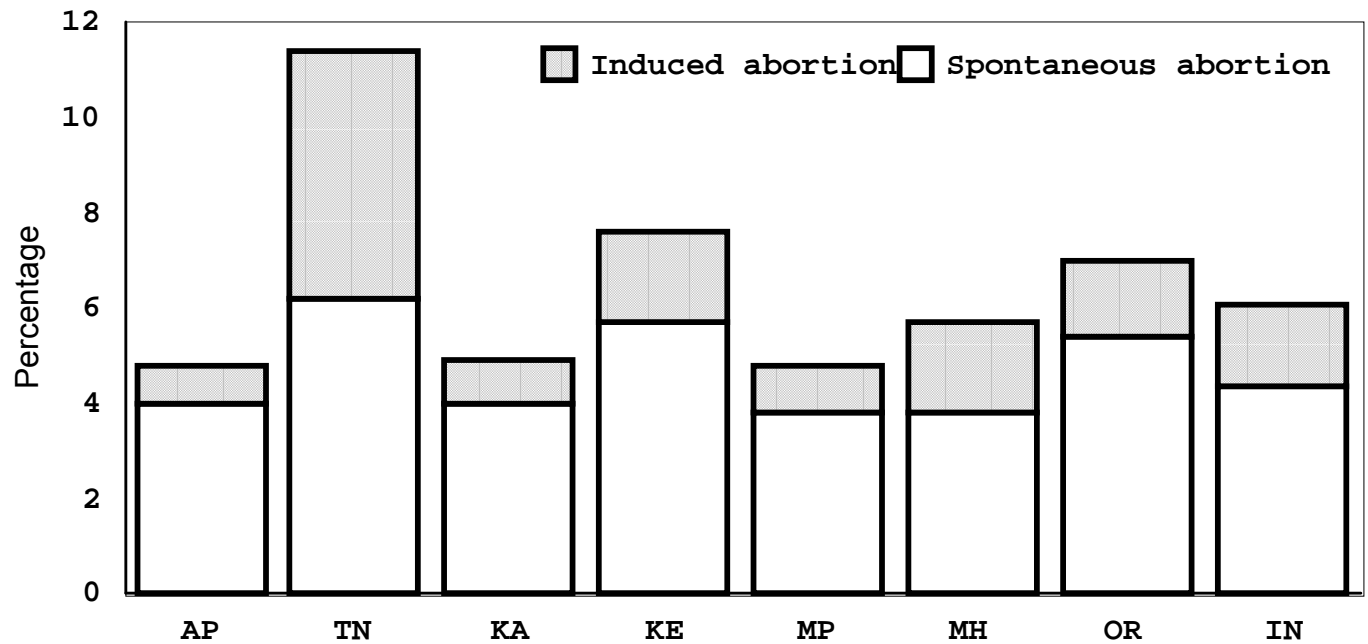


Source: District level estimates of fertility and child mortality for 1991 and their interrelations with other variables. Occasional paper No.1 of 1997 RGI. Female literacy rates are computed from the data on No.of female literates given in Provisional population tables . Census-1991

Major causes of death among rep. age women (15-44Y), in AP, 1991.

Cause of death	Number of female deaths		
	Rural	Urban	Total
All causes	44109	8049	52158
Maternal Causes			
Maternal Hemorrhage	462	82	544
Maternal sepsis	462	118	580
Hypertensive disorders of pregnancy	599	4	603
Obstructed labour	308	7	315
Abortion	1044	56	1100
Other maternal conditions	890	389	1279
Other major causes			
Self-inflicted injury (suicides)	8544	94	8638
Fire accidents	1763	1645	3408
Violence	1215	349	1564
Estimated maternal deaths	3765	656	4421
Estimated births in 1991	1288453	436446	1729208
Mat. Mort. Ratio / 100000 Live births	292	150	256

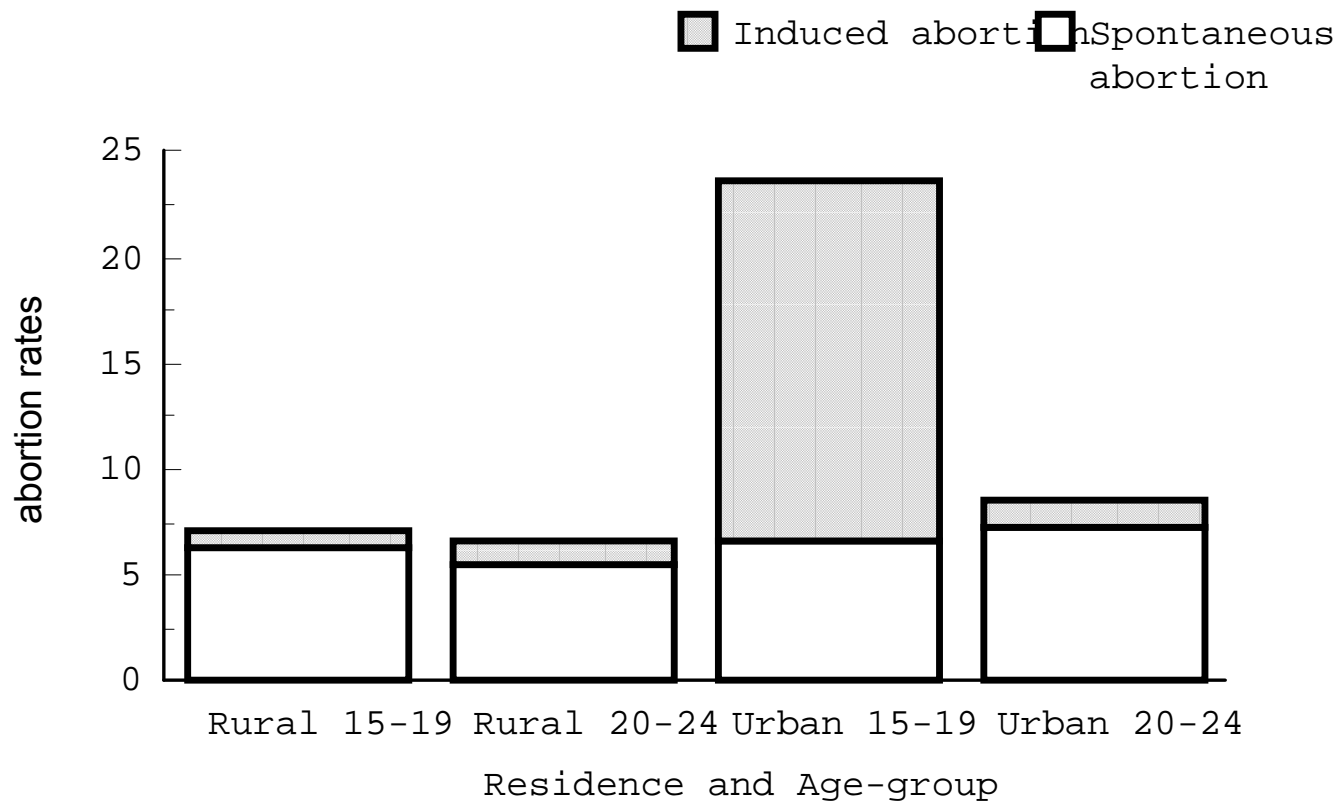
Source: Mahapatra, Estimating National Burden of Disease, 2000, Appendix: 3-7.1 and 3-8.1.



Spont. & Induced Abortion, NFHS 1998-99.

AP & ↑
Neigh. States

Within AP: →
By Residence
and Age groups

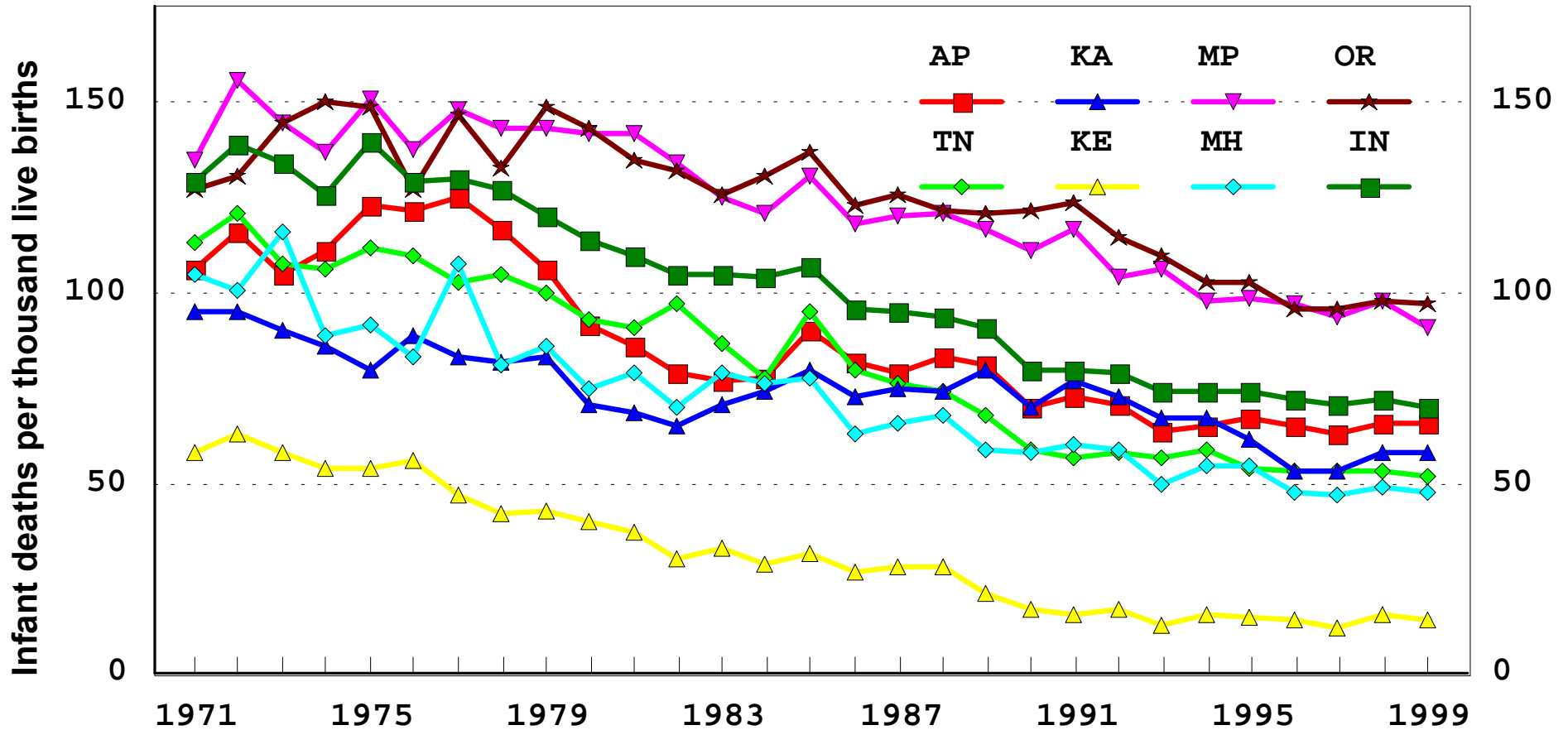


Child Health Status in AP

RHSSR-AP



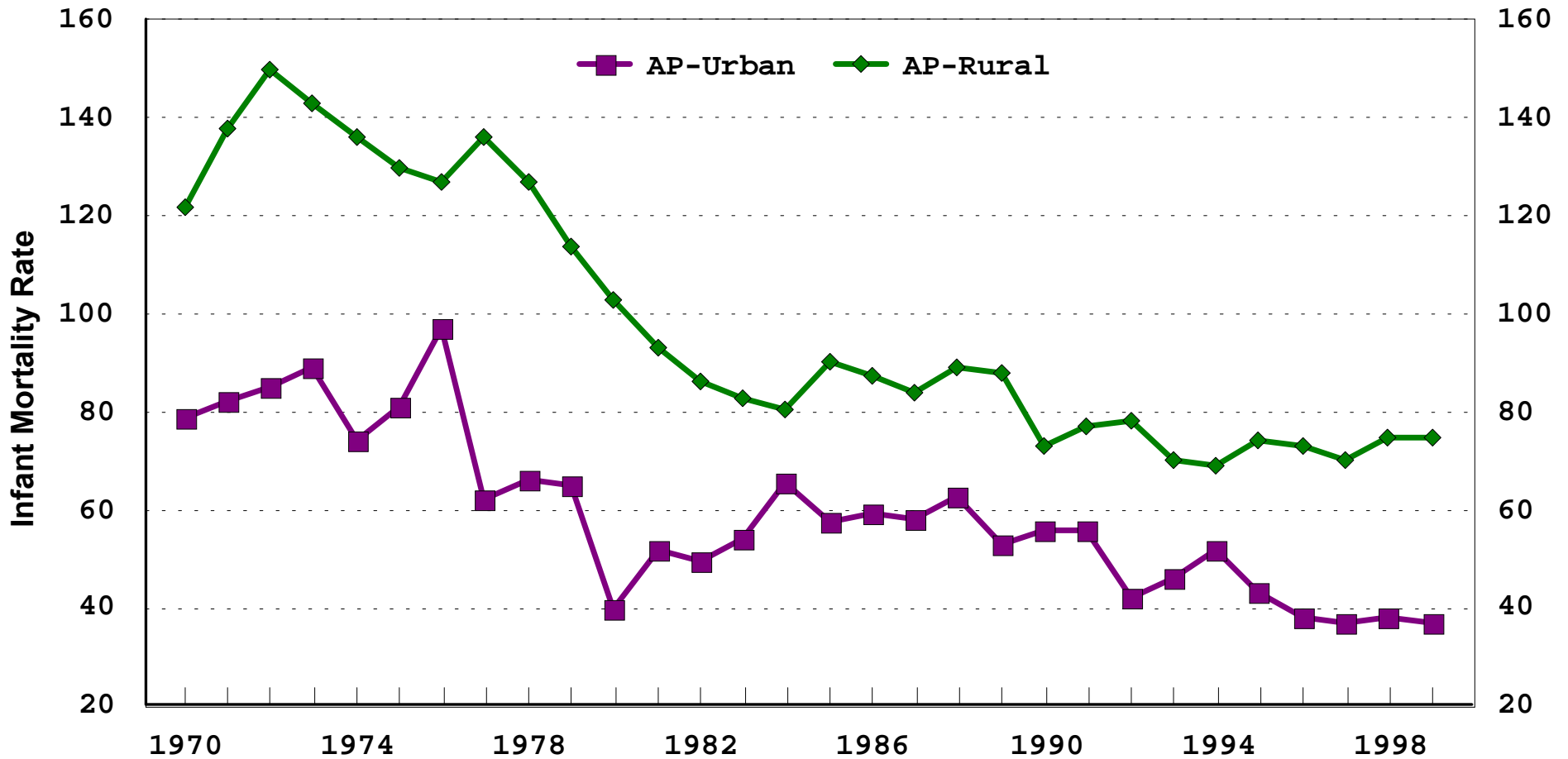
Infant mortality trend in AP and other neighbouring states



Source: SRS Annual Reports, 1971 - 1999.

IMR in AP

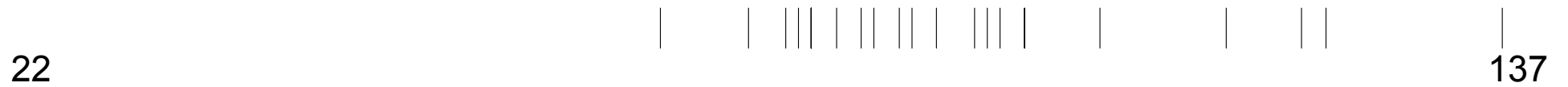
The Widening Rural Urban Gap!

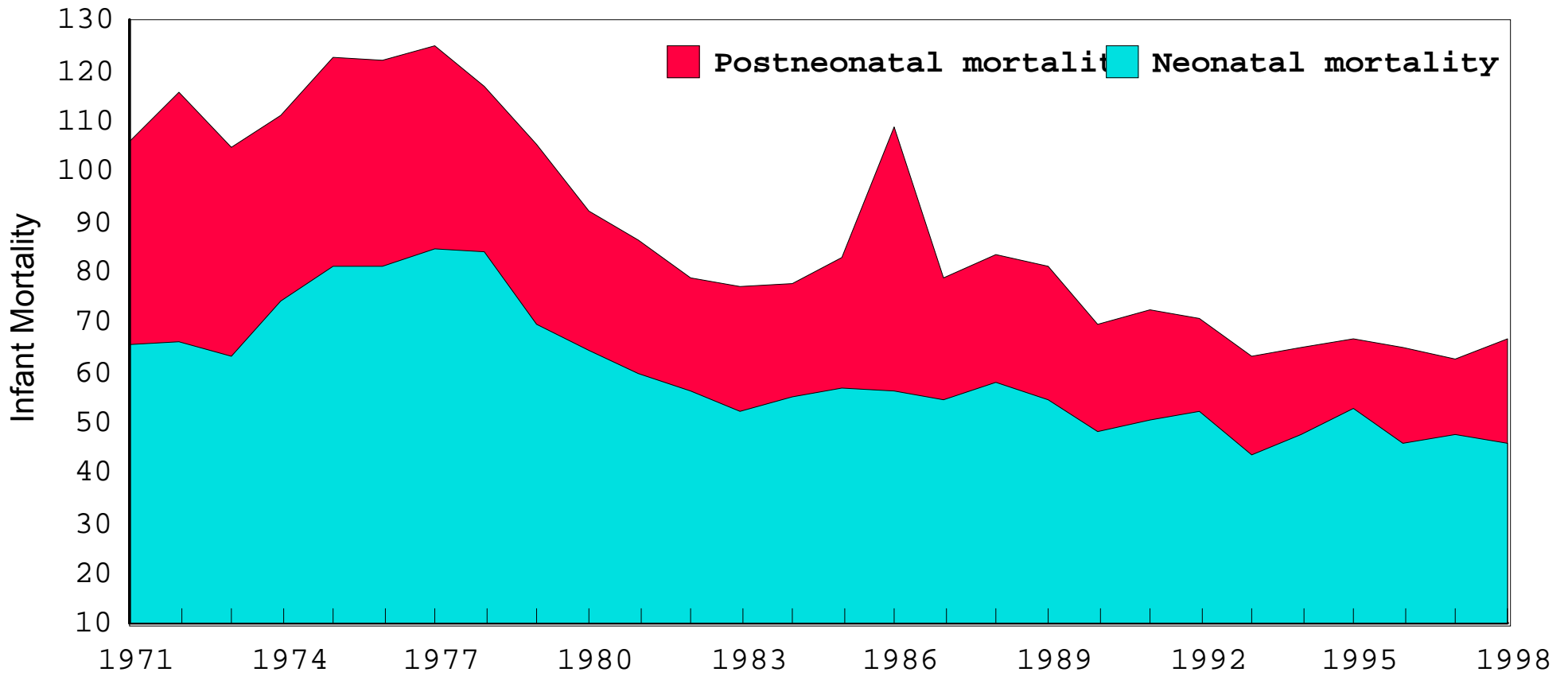


Source: SRS Annual Reports, 1970 - 1999.

IMR in AP

Inter District Disparity !



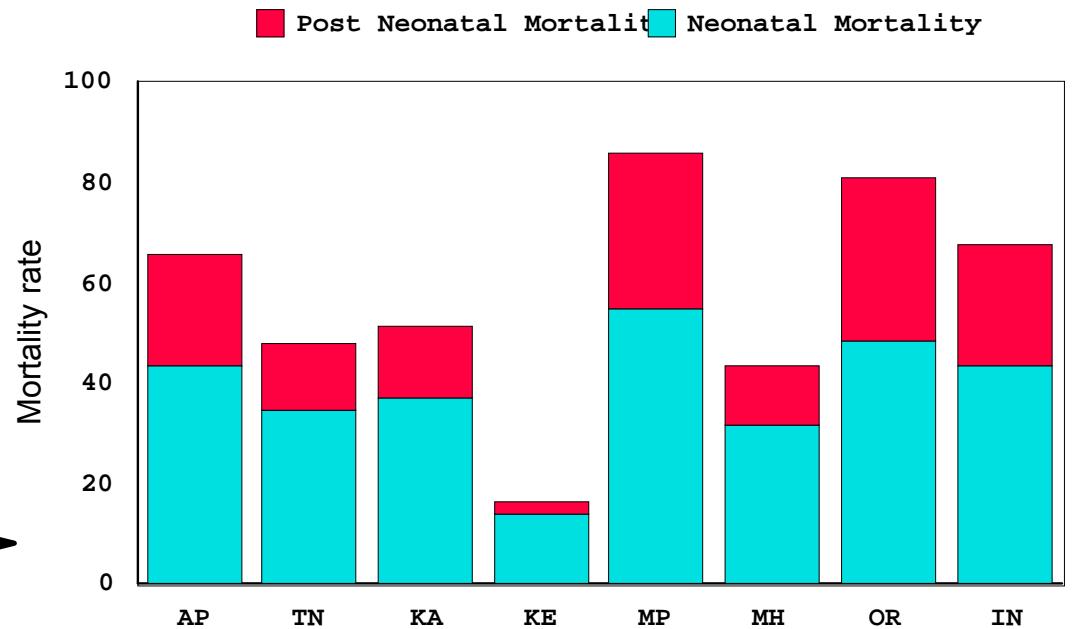


Decomposition of IMR in AP

Source: SRS 1970-1998

And Neigh. States

Source: NFHS 1998-99

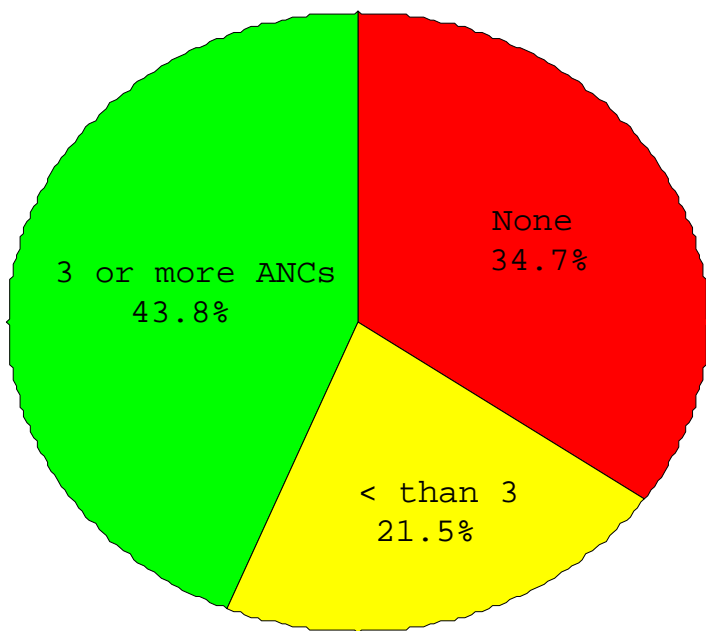


Review of RCH Programs in AP

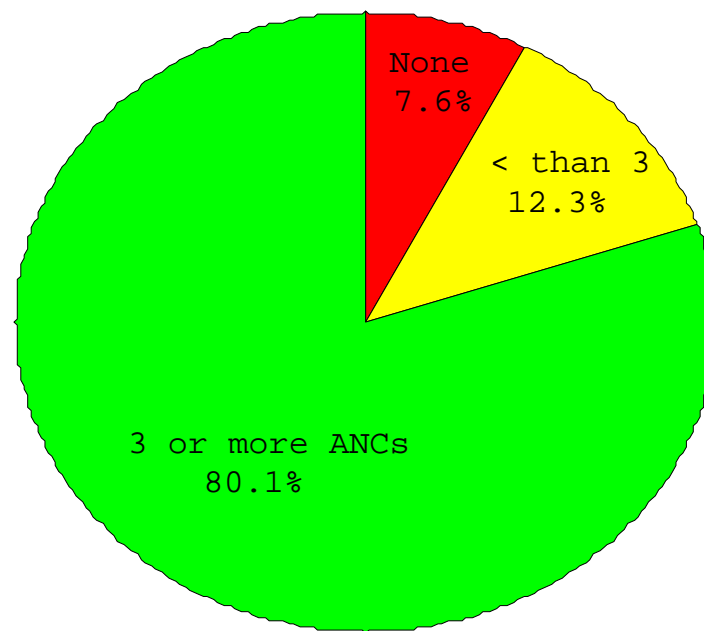
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Pregnant women by No. of Ante Natal Check ups, India & AP

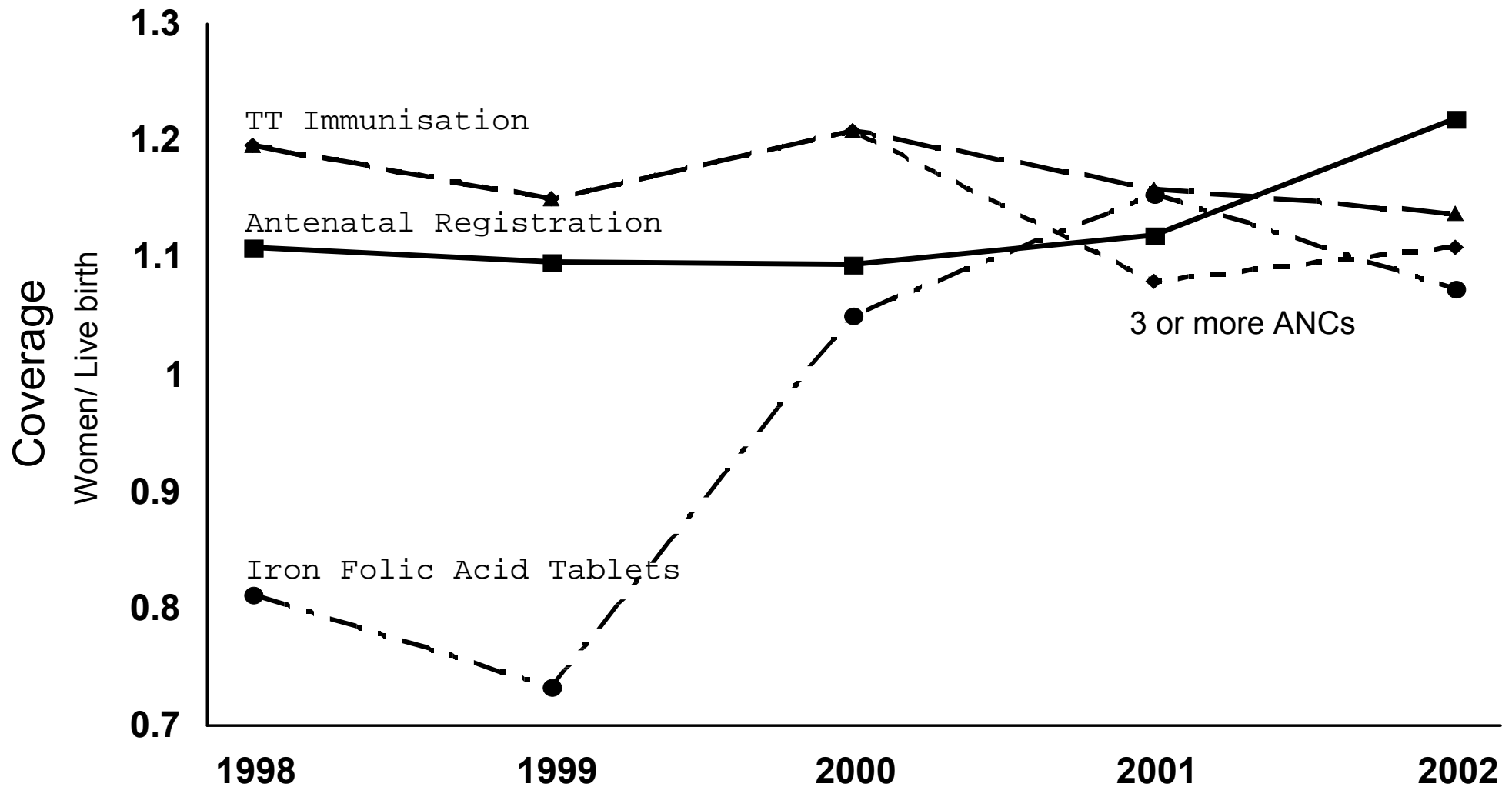


India



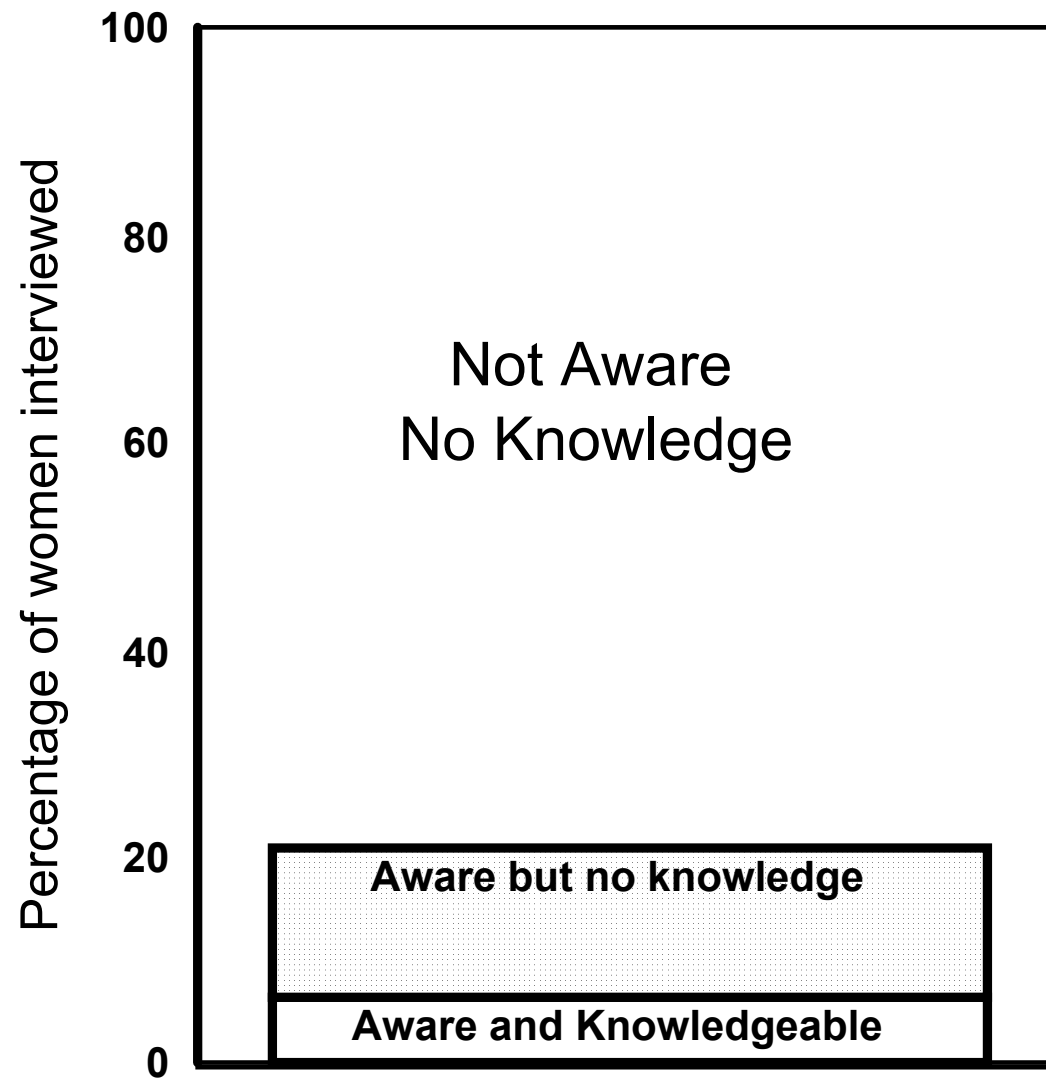
Andhra Pradesh

Antenatal care content and coverage in AP, 1998 - 2002.



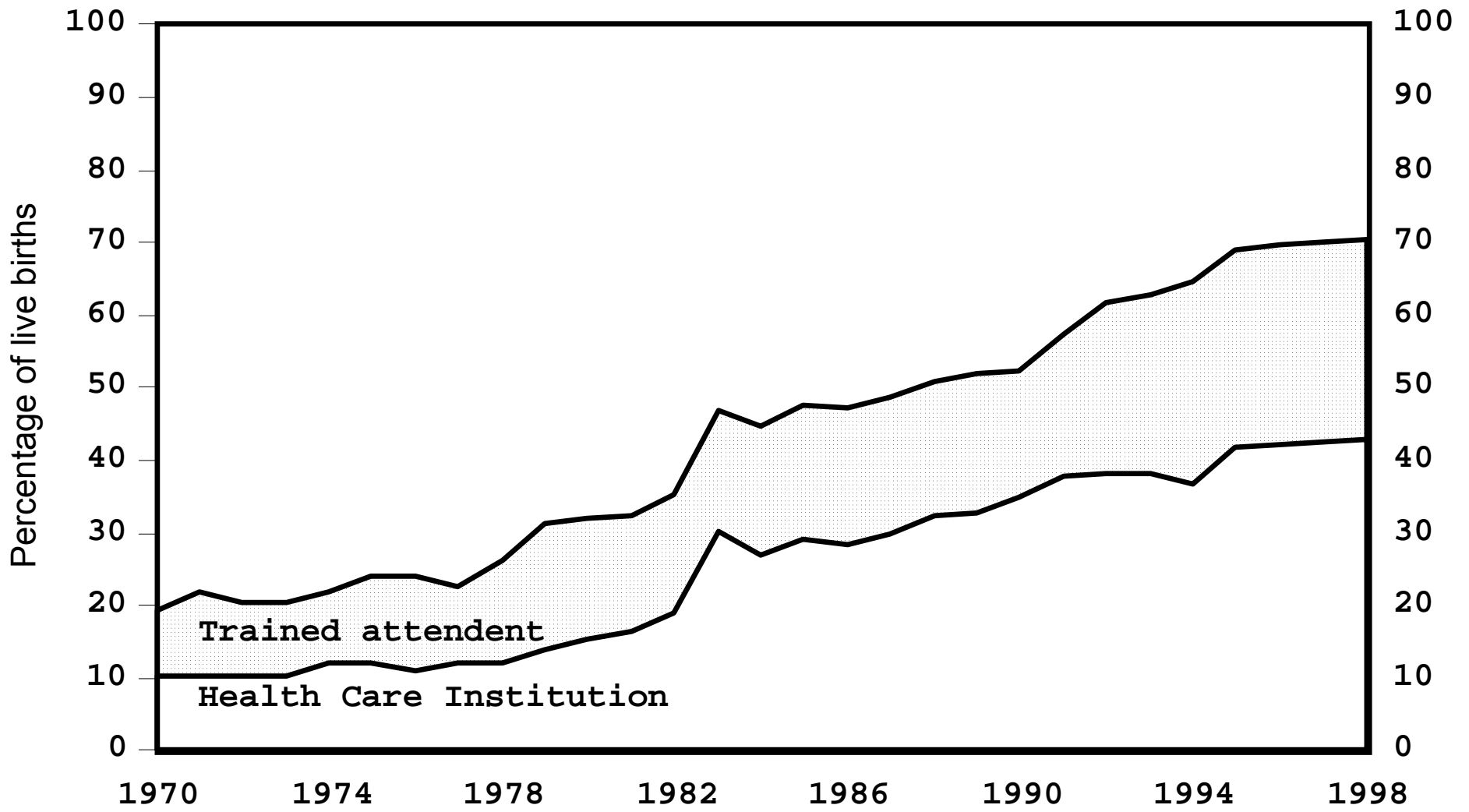
Source: CFW, 2002. Annual Reports from DM&HO office. Data for 2002 is from Apr-Dec 2001. Projections are made to arrive at the 2002 data.

Awareness and knowledge levels regarding TT immunisation



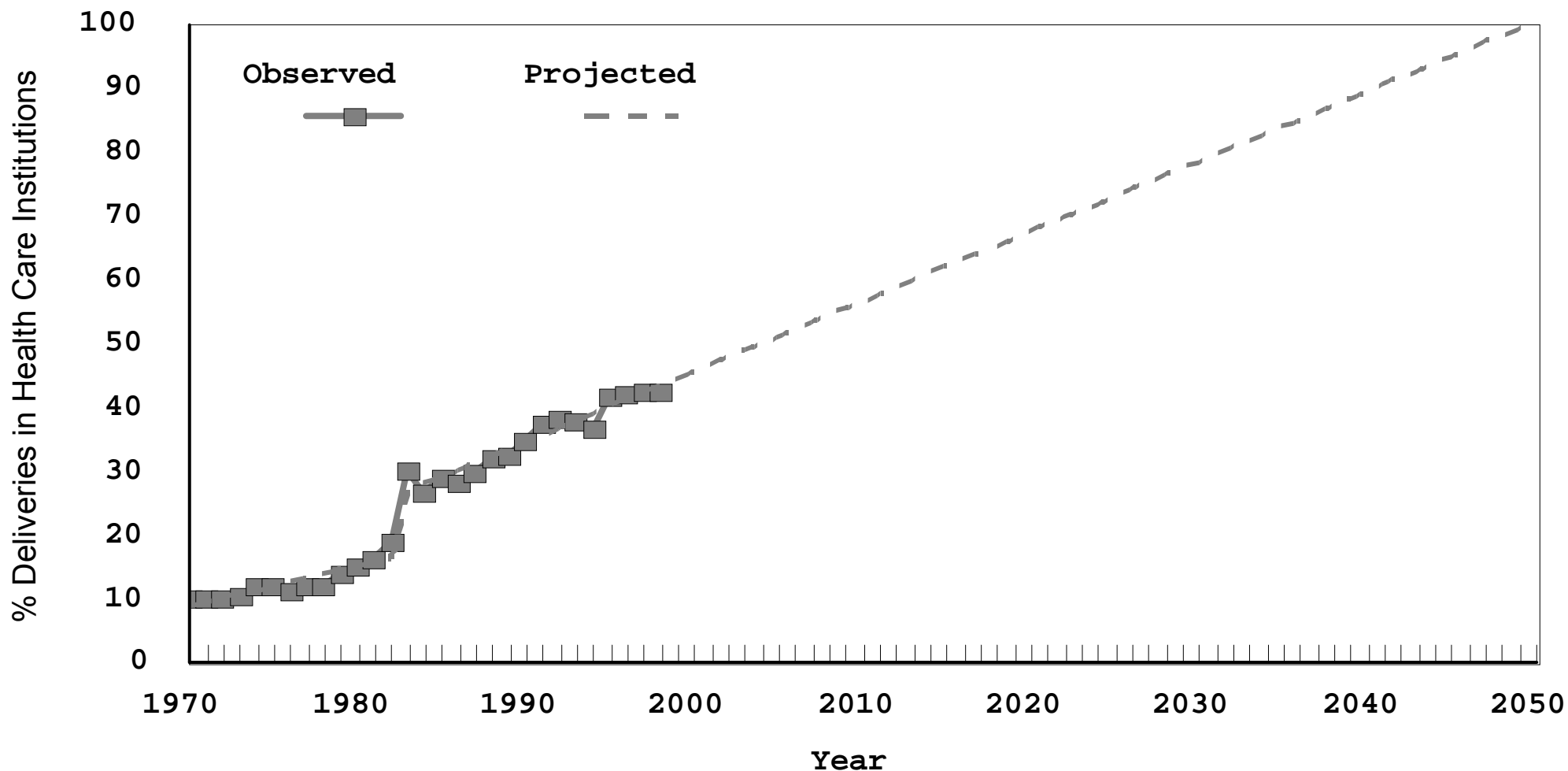
Source: Umadevi and Rao, 1997

Medical Attendance at the time of Delivery. AP Time Trend



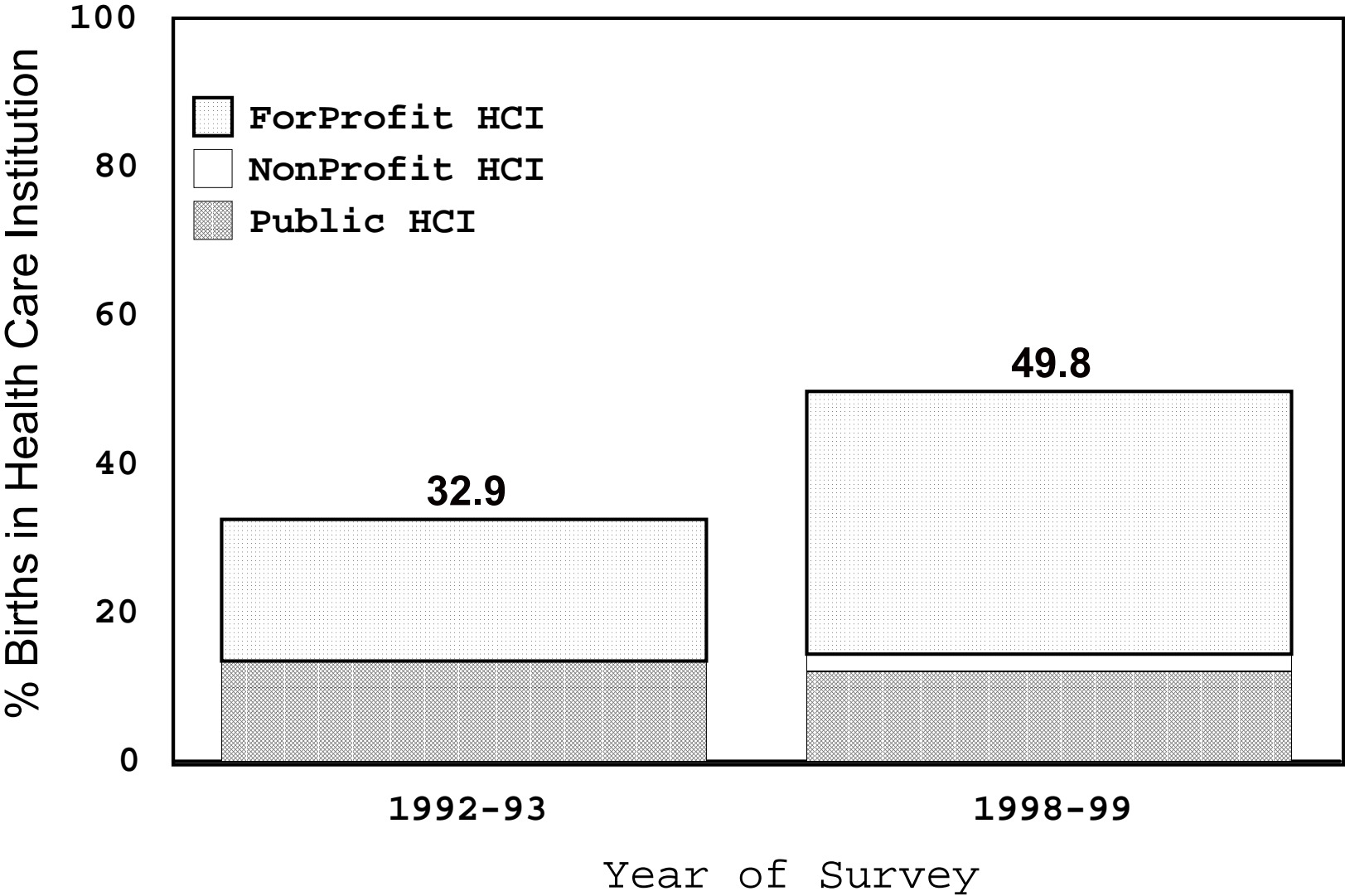
Source: SRS Annual Reports, 1970-1998.

Institutional delivery projections for AP under no intervention scenario



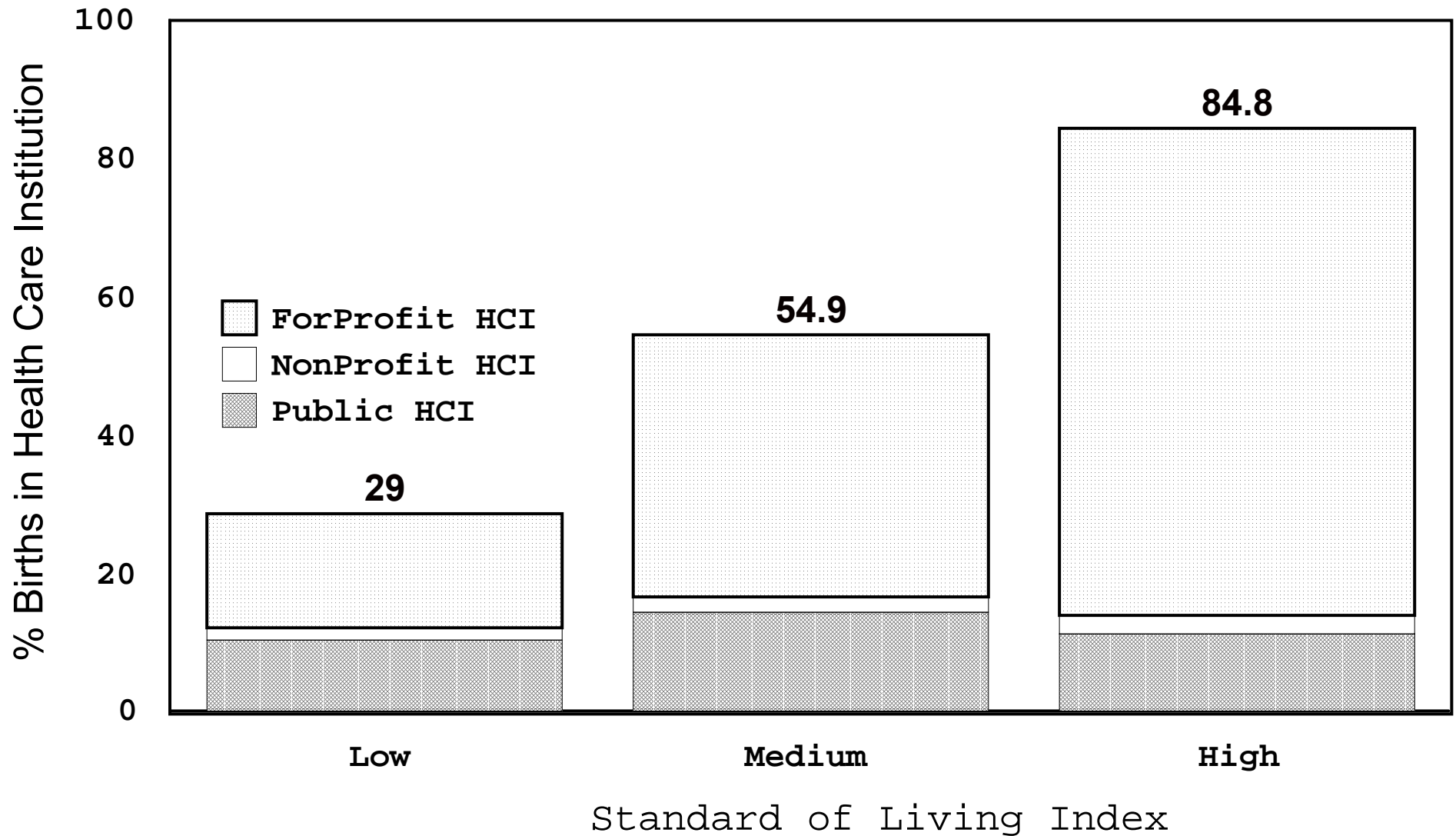
Source: SRS Annual Reports, 1970-1998. Projections are made till the year 2050

Institutional Deliveries in AP, 1990s

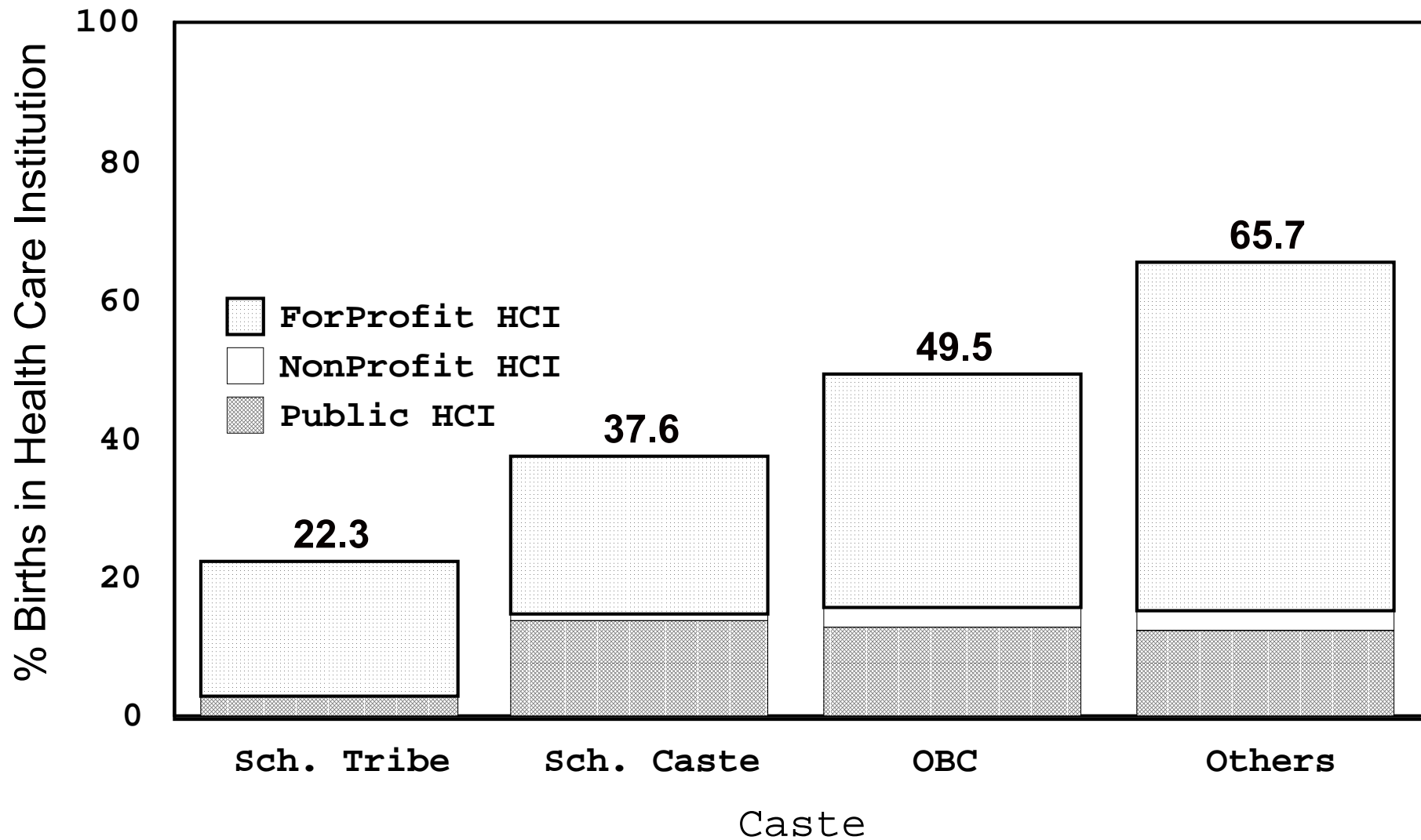


Source: NFHS-AP 1992-93, 1998-99

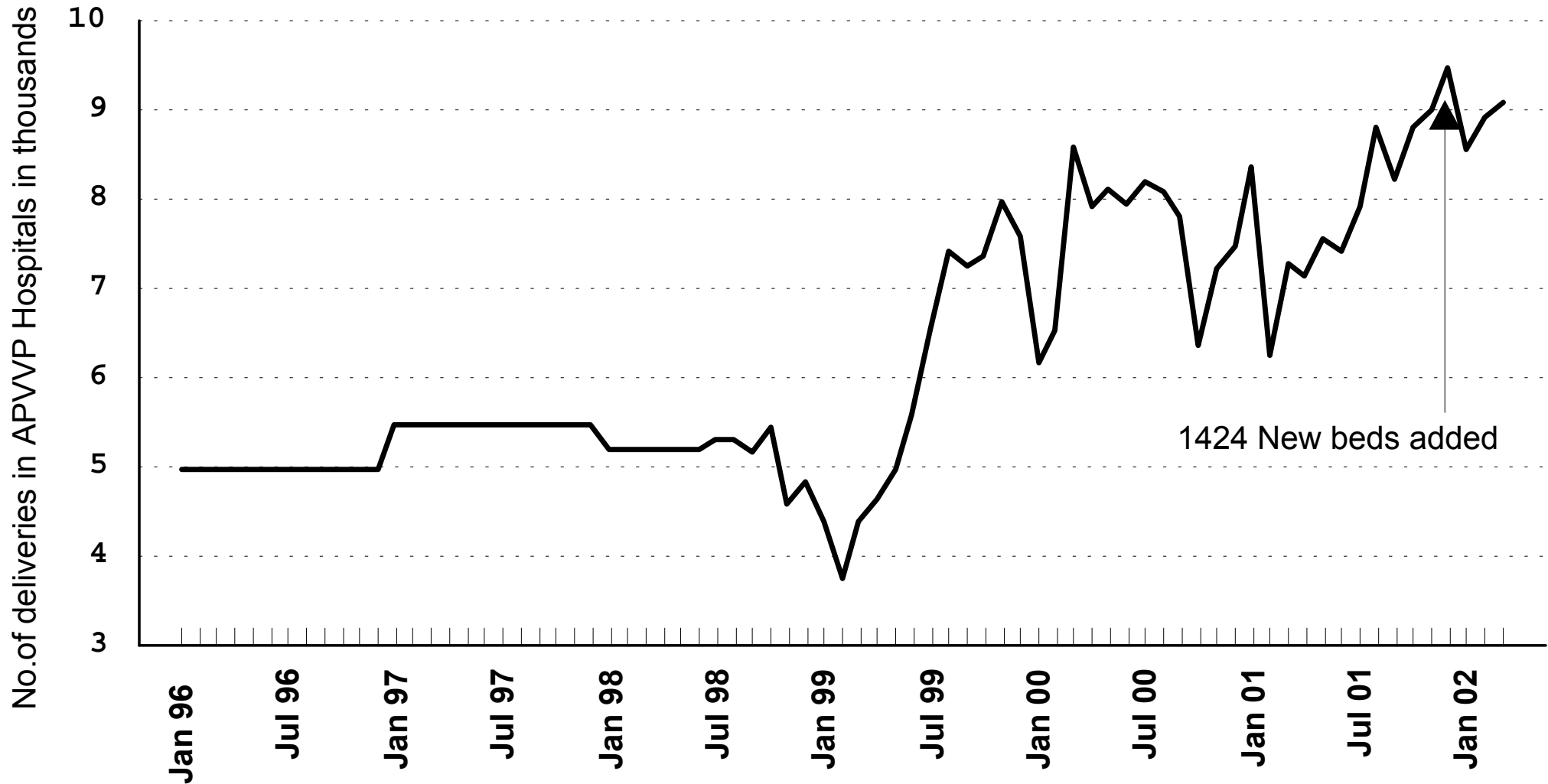
Access to Institutional Deliveries in AP, NFHS-2, 1998-99. Standard of Living.



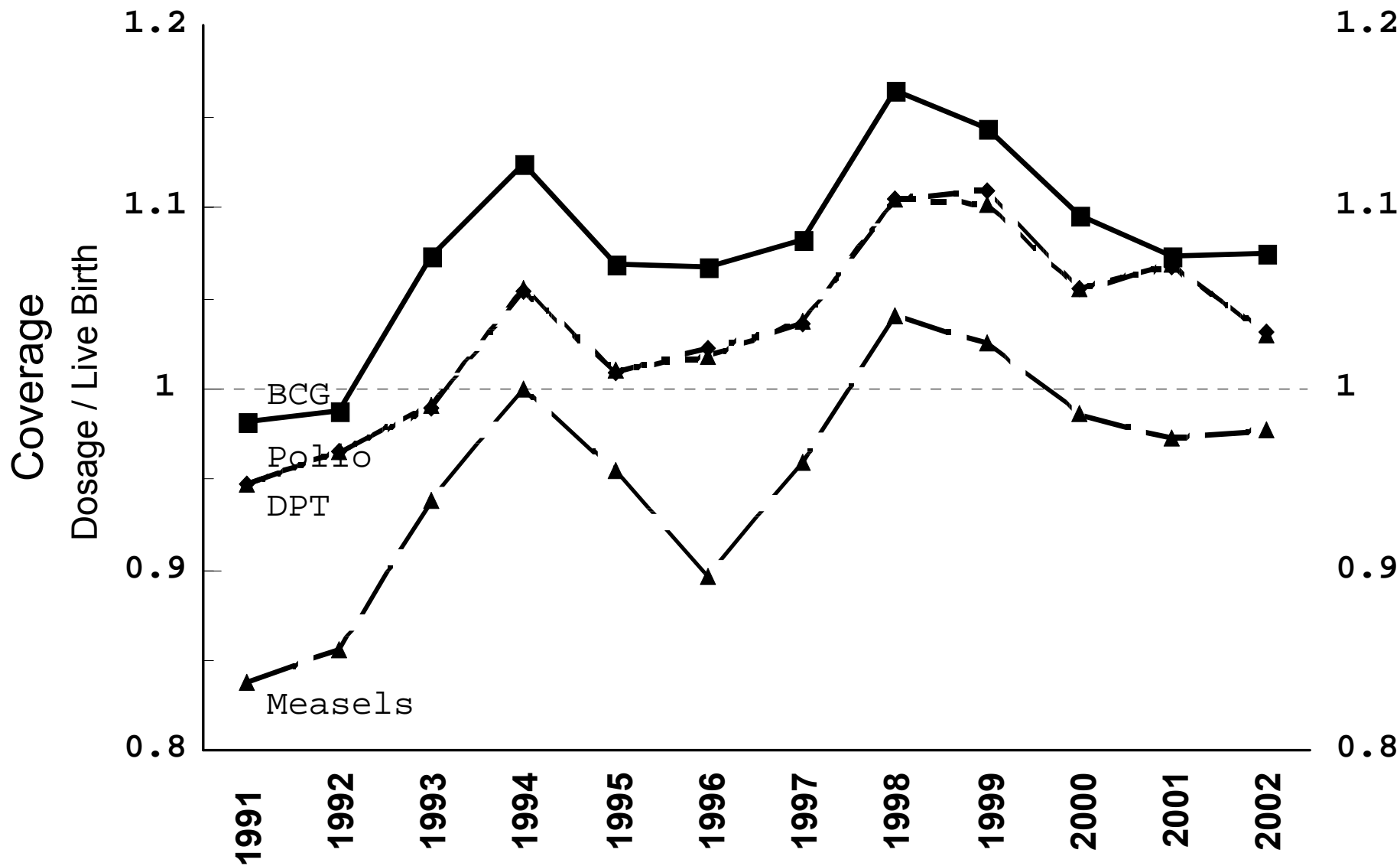
Access to Institutional Deliveries in AP, NFHS-2, 1998-99. Social Status.



No. of deliveries in first referral hospitals (APVVP) in AP - time trend Jan 1998 to Mar 2002



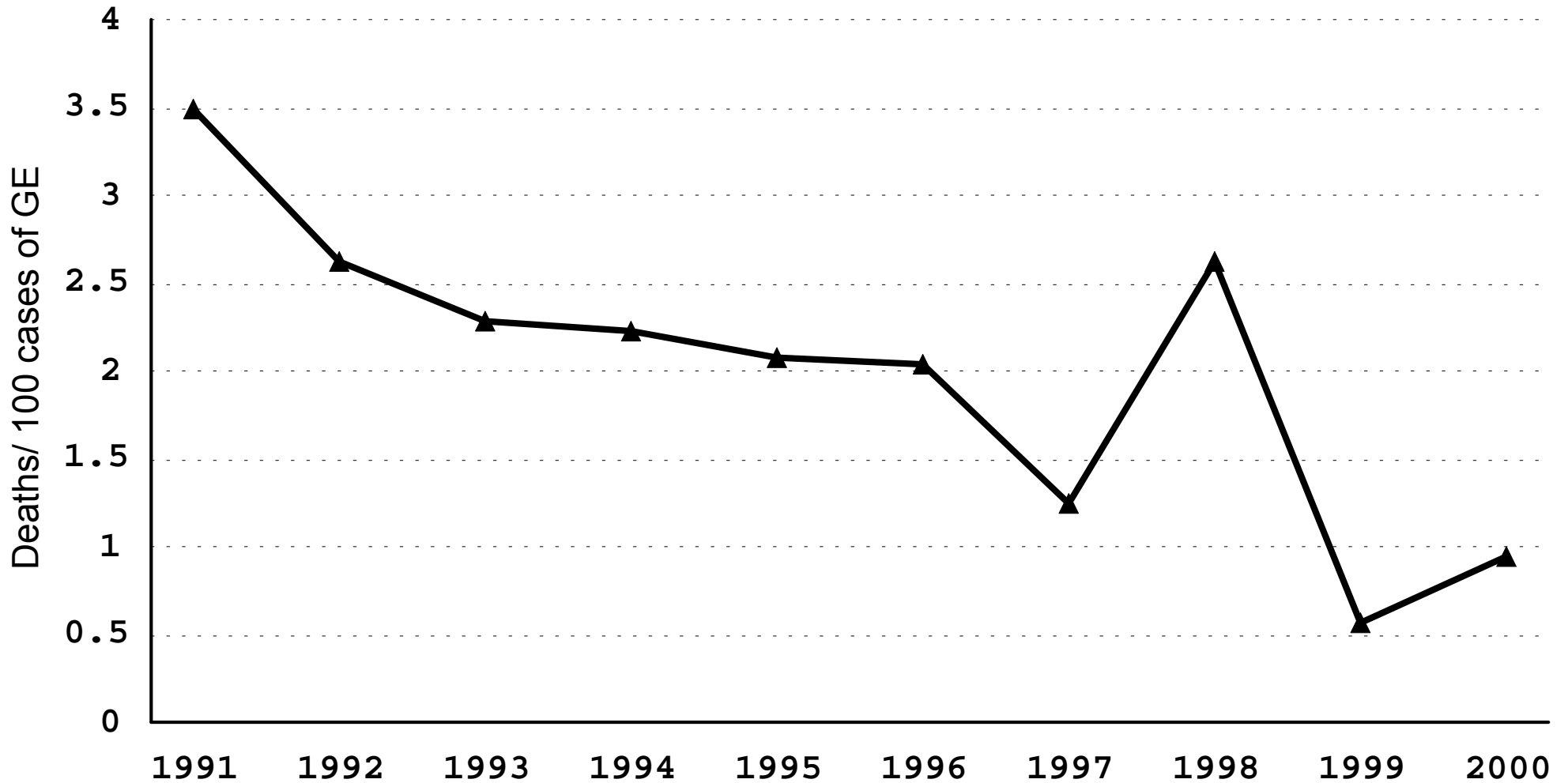
Immunisation coverage in AP, 1991-02



Cold Chain Maintenance

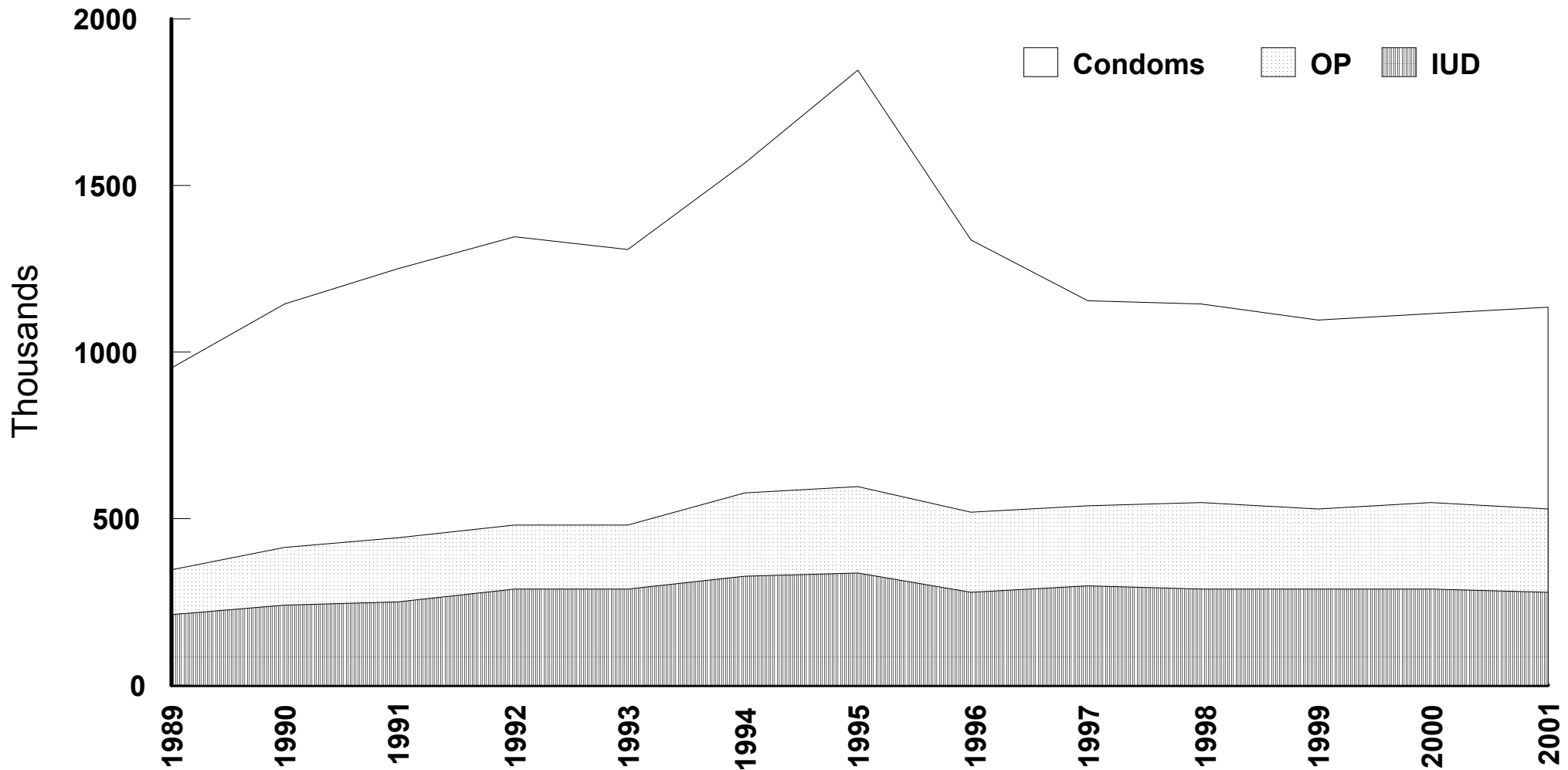
- Study done by Mahapatra, Gayatri and Reddy, Institute of Health Systems (IHS)
 - ▶ Findings
 - State and regional cold chain units are being maintained reasonable well
 - Need for batch level accounting of vaccines and closer monitoring of the cold chain status
 - Computerisation of the state and regional cold chain units
 - At the district level the refrigerator mechanic is a critical link
 - At the PHC level, unreliable and poor quality power supply is a major problem
 - Appropriate design changes in choice of voltage stabiliser is recommended
 - More clarity in job descriptions
 - Personnel should receive continuing education at periodic intervals about vaccine storage and handling procedure
 - Many health workers are not aware of the usefulness of Vaccine Vial Monitor (VVM)

Gastroenteritis case fatality rate in AP, 1991-2000



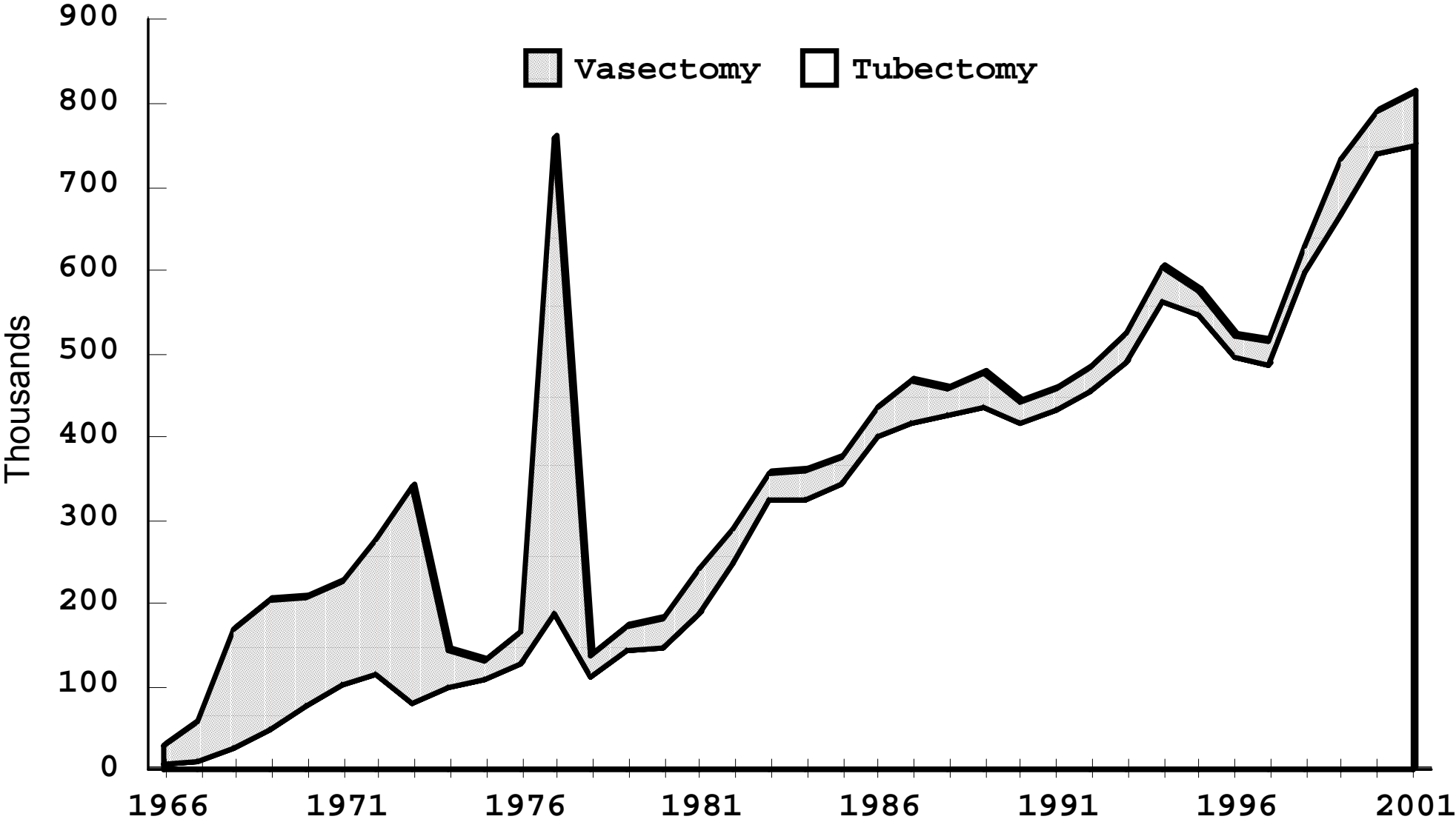
Source: Directorate of Health, Monthly Progress reports 1991-2000

Contraceptive consumption in AP, 1989-01

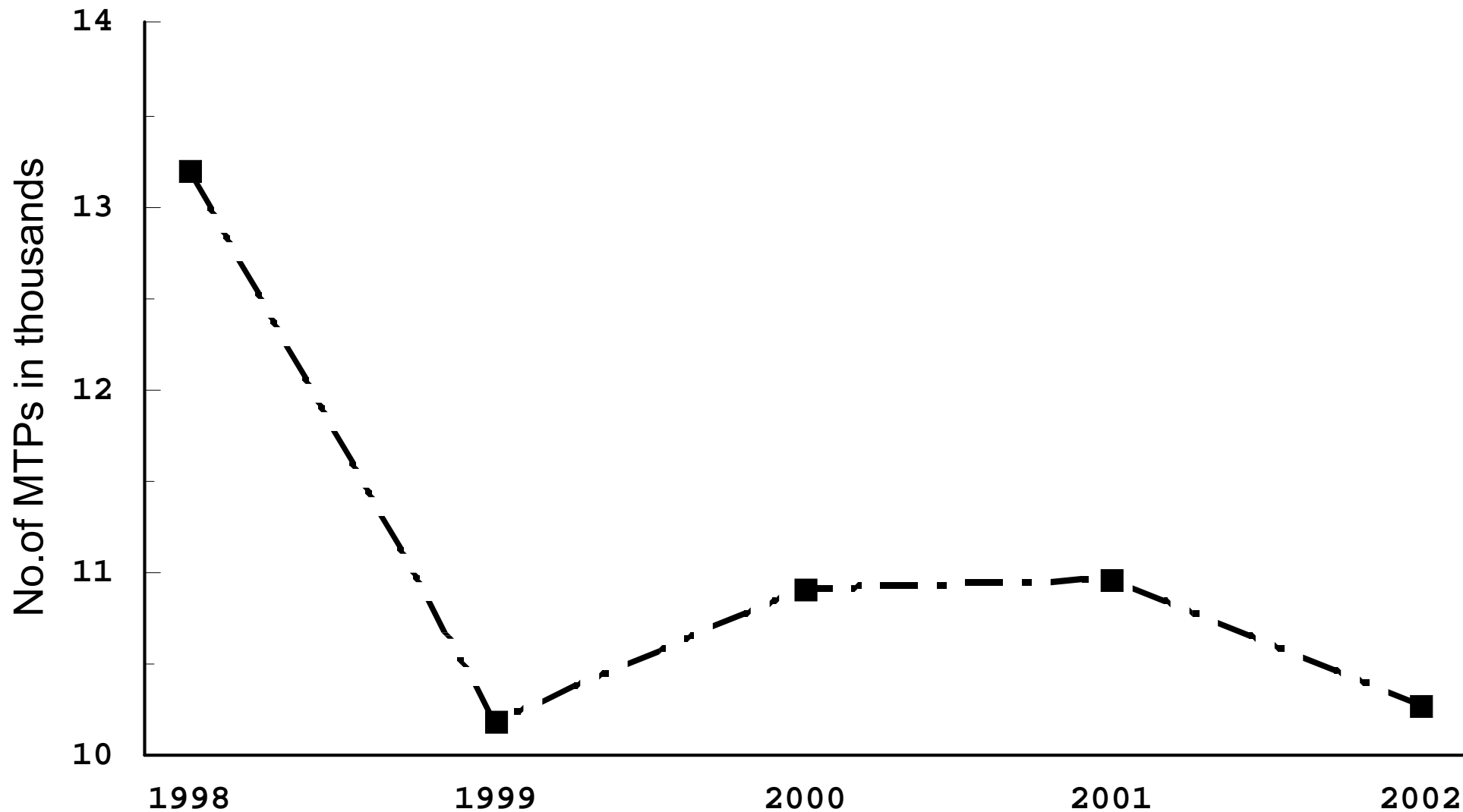


Source: Annual reports from DM&HO office, Family planning section, CFW, 1989-2001

Incidence of female and male sterilisations in AP. Time Trend 1966-2001



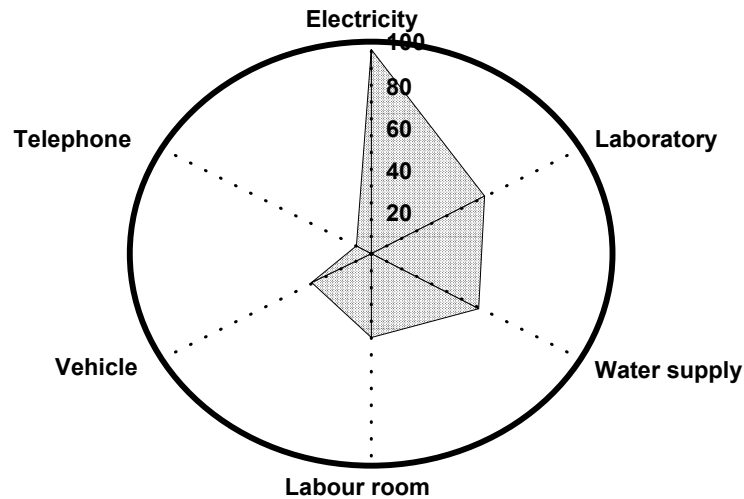
Medical termination of pregnancies in both the private and public institutions, AP, 1998-2001



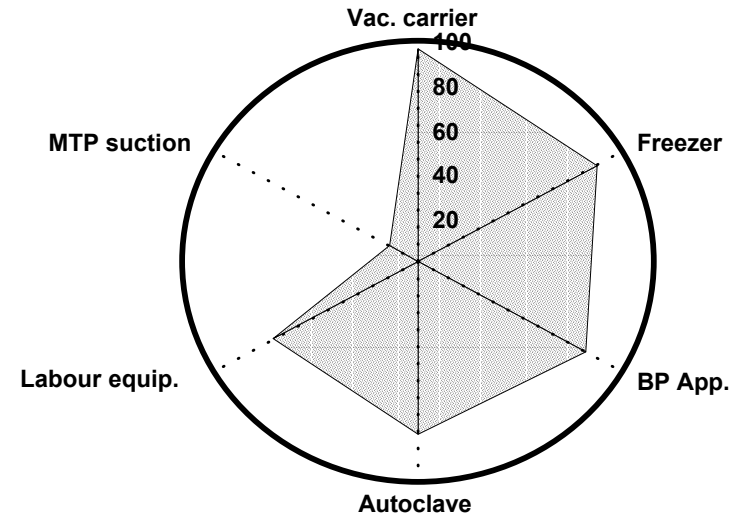
Source: CFW, 2001. Annual Reports from DM&HO office

Gaps in availability of utilities, equipment, supplies and maintenance of PHCs in AP

Utility

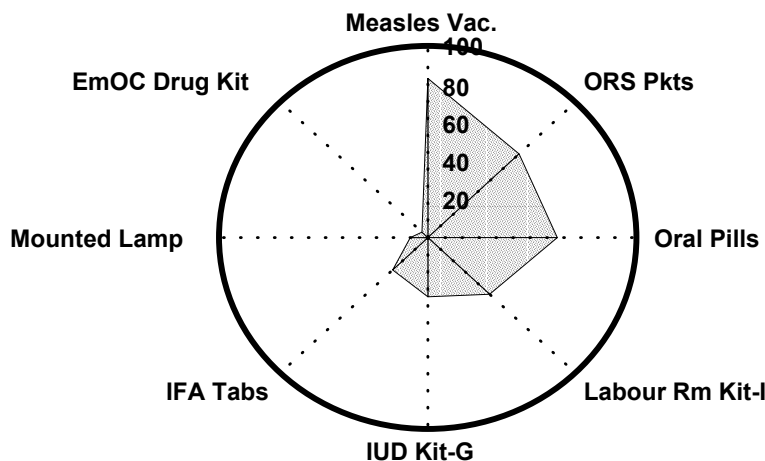


Equipment

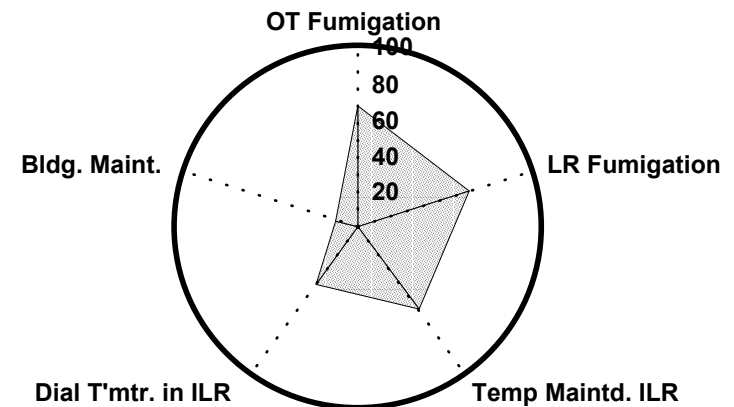


Shaded area means all listed facilities available. Clear area is the gap.

Supplies



Maintenance



Results from ANM Focus Groups

RHSSR-AP



ANM Focus Group Discussions

- Support for current schemes like Sukhibhava, Natl. Maternity Benefit Scheme, Balika Samrakshana, and Arogyaraksha.
- But a lot of operational concerns!
- Lack of leadership support:
 - ▶ Supervisors behaving more like inspectors rather than resource persons.
 - ▶ Janani members aloof and uninterested. As a result more of a drag and less of help.
- Inadequate infrastructure support:
 - ▶ PHC services are not reliable

ANM Focus Group contd...

- ANM Effectiveness
 - ▶ Faulty location of sub centres.
 - ▶ Buildings available but not maintained.
 - ▶ Operational problems in the moped scheme affecting ANM availability.
 - ▶ Sub Ctr. pop. coverage, job chart, work load, and male worker role need comprehensive review.
 - ▶ Too much paper work and too little stationery!
 - ▶ Inadequate and / or inappropriate drug supply.

Results from the PHC Medical Officers Workshop.

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Recommendations by PHC MOs

- Emphasis on education, literacy and health education.
- Reduce population coverage by sub centres.
- Redeploy vacant male health worker posts to create new sub centres.
- Concern about irregular and inadequate supply of drugs.
- Support for Round the Clock PHCs.

Understanding the AP Vision 2020 health goals

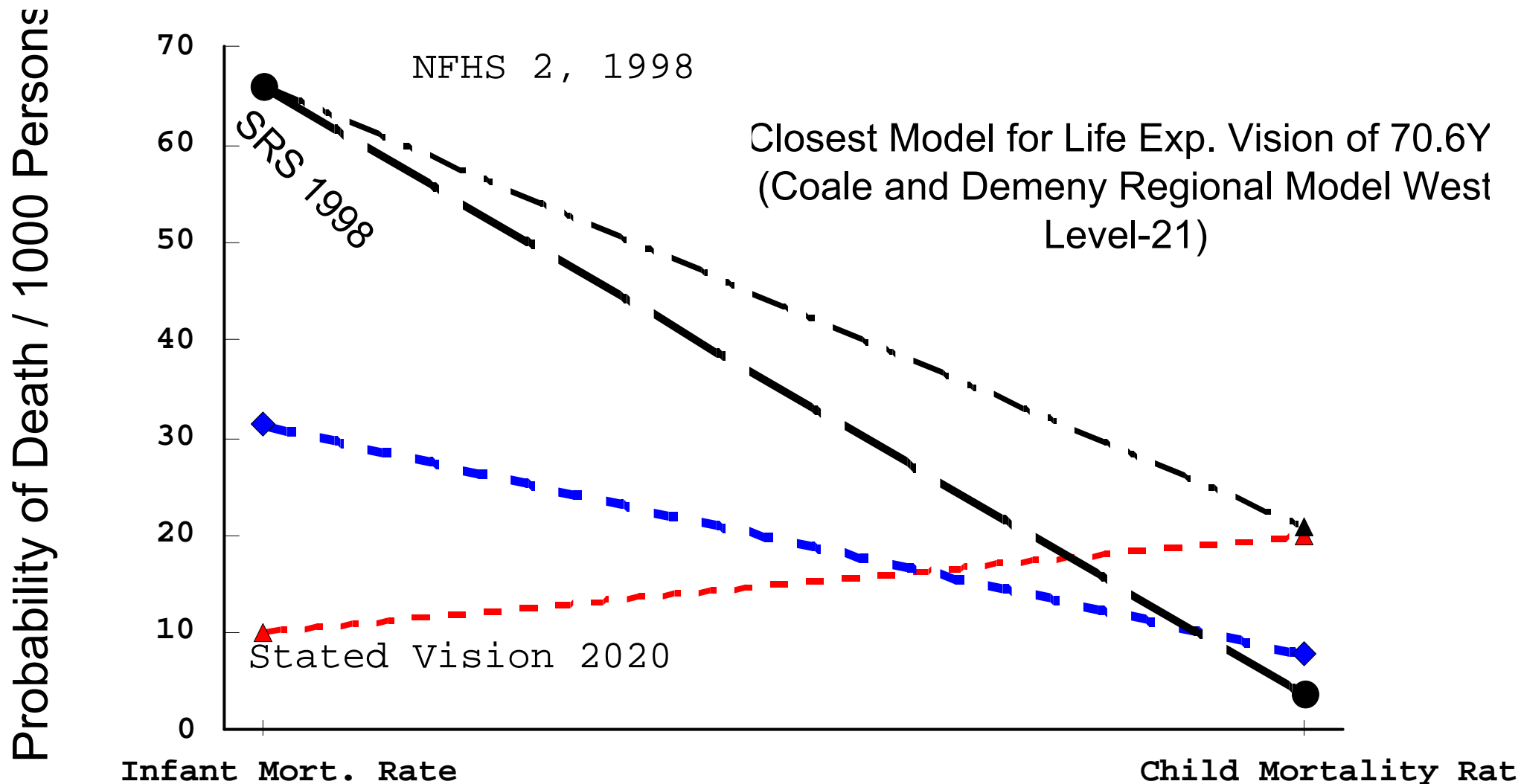
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Understanding the AP Vision 2020 health goals

- Vision 2020 Targets:
 - ▶ IMR=10/1000 live births; Child mortality = 20/1000 population
 - As per SRS data the CMR for the years 1996 to 98 is 4.9, 3.4 and 4 respectively
 - NFHS estimate of CMR is about 21-22
 - The West model of Coale and Demeny shows that at Level 21 the life expectancy is 70 which is closest to the life expectancy target of 70.6 in the Vision 2020. The IMR in this model is 31.4 and CMR is 8

Comparision of Vision 2020 goals with Model life table, NFHS & SRS data



Overview of Policy Reviews and Recommendations

RHSSR-AP



■ Workforce management

▶ Objectives

- assess current workforce situation
- estimate demand for the next five years
- identify training requirements
- suggest career options

▶ Methodology

- brainstorming with experts, indepth key informant interviews, review of official documents
- details about identification and selection of experts for brainstorming, the nature of their expertise, etc., not available
- details of indepth key informant interviews not available
- bibliographic citation of official documents and other references not available

▶ Few contradictions in the set of recommendations

- No. of ANM posts
 - the reviewers recommend on the one hand to stick with ANM and male worker at the sub centre but propose in the subsequent recommendation to redeploy MPHA-M vacancies as ANM positions.
- Primary Public health workforce availability
- Role of Multi-purpose health assisatant (male)

■ Decentralisation

▶ Objectives

- review the role and effectiveness of health committees / PRIs
- identify and delineate roles and responsibilities

▶ Methodology adopted is not adequately described

- formal and informal discussions
- focus group discussions
- Composition of the research team for this review is not clear
- specific details of FGDs are not given

▶ Recommendations

- draft policy limits its examination to the advisory committees attached to various HCIs and the HAC in particular
- community needs assessment approach adopted by the GOI envisages increasing role for PRIs. The review does not discuss about the current role of PRIs and how they can play more effective role to improve the efficacy and accessibility of health care services.

■ Rational Use of Infrastructure

▶ Objectives

- existing primary health infrastructure and gaps
- availability of buildings, equipment, drugs and consumable
- current utilisation of infrastructure, maintenance status
- system of referral between primary, secondary and tertiary health care institutions

▶ Methodology

- 12 district facility survey in AP by the ASCI
- NHFS, information from CFW, field visits to facilities in Districts, in depth interviews with program officers, brainstorming with experts
- additional sources of information like field visits to facilities, in-depth interviews with program officers, brainstorming sessions with experts are not given in details

▶ Recommendations

- adopt appropriate sign postings on the main roads directing people to public hospitals and health centres and to improve the visibility of the organisation
- storage shelves at every village with required supplies and equipment, permit ANMs to give intra muscular antibiotic injections
- establish norm for equipment to be available at different levels of institutions and create annual appraisal systems for the adequacy

■ Analysis of financial systems

▶ Objectives

- current budget release mechanisms and the prevailing operational autonomy of CHCs and PHCs
- spatial variations - measurement, capacity to benefit from investments, and area specific allocation mechanisms
- Performance assessment and linked funding mechanism.

▶ Methodology

- the review did not give any information about the study methodology, bibliographic references.

▶ Spatial variations

- the draft policy proposes an indicator to measure absorptive capacity of district for health services. The indicator is based on literacy, and infrastructure facilities.
- Infrastructure Development Index (IDI) is being computed by Centre for Monitoring Indian Economy (CMIE)
- the policy reviewers have not compared the index proposed by them with other known indicators. Hence it is difficult to assess the usefulness of this new indicator over the CMIE IDI.

State Action Plan

RHSSR-AP



Sector Reform Goals

- Vision 2020 Goals:
 - ▶ Access to responsive basic healthcare.
 - ▶ Free healthcare for poor and vulnerable and health insurance for others.
 - ▶ Pregnancies will be safe.
 - ▶ Infants will not die of easily curable ailments like diarrhoea, or acute respiratory infections.
- Vision 2020 Targets:
 - ▶ IMR=10/1000 live births; Child mortality = 20/1000 children; TFR=1.5; and
 - ▶ Pop. growth =0.8% per year.
- But needs review

Sector Reform Goals-Contd...

- State Population Policy Goals:
 - ▶ Reduce Fertility
 - ▶ Reduce Maternal Mortality
 - ▶ Reduce Infant / Child Mortality
- State Population Policy Targets:

	2010	2020
IMR	30	15
MMR	1.2	1.5
TFR	1.5	1.5
Couple protection	70%	755
Natural growth rate	.8	.7
Crude Birth Rate	15	13
Crude Death Rate	7	6

- But needs review

Overview and Recommendations

Reform component / scheme	Amount in crores	
	Capital	Recurring
Basic Package		
Basic package of Drugs, supplies and Equip. for SCs		26.52
Development of ANM Practice guidelines	0.25	
Improvement of locational convenience of sub centres	10	0.25
Improvement of locational convenience and accessibility of PHCs		2
Institutional Delivery		
Expanded Sukhbhava		6.6
Maternity service capacity strengthening grant annual	0.25	
Strengthening of Non profit / charitable hospitals to cater to the institutional deliveries		6.6
Strengthening of APVVP hospitals to cater to the institutional deliveries		9.09
Development of Health Maintenance Organization (HMO) based Institutional Insurance Scheme	0.5	
Training and Human Resource Development		
Comprehensive training needs assessment study	0.5	
Skill Development trainings for ANMs, Paramedical Staff and PHC MOs		1
Training of opinion leaders, police, PRI leaders, priests etc. (continued)		1
State wide interventions to achieve vision 2020 and state population stabilization		
Re-commissioning of Policy reviews	1.5	
VALUE (Vaccine Logistics Management Software)	0.5	
Area specific interventions		
Small Area Programs and studies to support small area planning	10	0.3
Enabling Environment		
Development of Accreditation system	0.25	
Assured Incoming Call (AIC) Telephone at PHCs	0.75	
Total (crore rupees per annum)	24.5	53.36

Basic Package

- Drugs, supplies and equipment at the subcentre
 - ▶ the basic package of drugs, supplies and equipment to be available at the subcentre is given.
 - ▶ A detailed development of practice guidelines has to be developed either by the department in house or consultants may be engaged.
- Improvement of locational convenience and accessibility
 - ▶ Subcentre
 - Selection of a centrally located and easily accessible site in the midst of the habitation and construction of the subcentre buildings on such a site would be the right solution.
 - ▶ PHC
 - Infrastructure policy review recommends to adopt appropriate sign postings on the main roads.
 - Provide communication and improve transport facilities to every PHC so as to improve its accessibility

Institutional Deliveries

- Expanded Sukhibhava
 - ▶ The department may set a target to increase the coverage
 - ▶ We have recommended that the Sukhibhava coverage be expanded at the rate of at least one third per annum.
- Strengthening of non profit/charitable hospitals to increase Institutional deliveries
 - ▶ The scheme may be expanded to deliveries in non profit hospitals and other charitable institutions in addition to public health care institutions.
 - ▶ Some of these hospitals and maternity homes may also need strengthening of their capacity to be able to handle the increase in the no.of deliveries
- Strengthening of APVVP hospitals to increase institutional deliveries
 - ▶ APVVP should be given a target of increasing the institutional deliveries
 - ▶ Right now they are doing about 1 lakh deliveries per annum
 - ▶ The number of deliveries be increased by atleast 50% every year

Training and Human Resource Development

- Skill development training's for ANMs, paramedical staff and PHC medical officers
 - ▶ Training programmes be developed and offered to ANMs, paramedical staff in PHCs and PHC medical officers
 - ▶ A comprehensive training needs assessment is to be done
 - ▶ Existing training programmes may be strengthened and few new training programmes may be introduced in an adhoc basis
- Workshops and training about implementation of age at marriage laws
 - ▶ Training of executive magistrates and police on implementation of age at marriage laws
 - ▶ Workshop for Panchayati Raj leaders on implementation of age at marriage laws
 - ▶ Designation of religious institutions and Priests as Marriage Registrars and continuing legal education about age at marriage

Statewide interventions to achieve vision 2020 and state population policy goals

- Re-commissioning of policy reviews and commissioning of new studies
 - ▶ Draft policy reviews have glaring inadequacies in the methodology, inadequate coverage of issues.
 - ▶ Some recommendations need more detailed work to operationalise
- Vaccine Logistics Utilisation and Equipment (VALUE) management system
 - ▶ SCU and RCUs should be linked through a wide area network, solution
 - ▶ District stores and vaccine service centres (PHCs) should be computerised.
 - ▶ VALUE management application should be developed and deployed over wide area network linking the SCU, Regional units.

Area specific interventions to achieve vision 2020 and SPP goals

- Infrastructure for small area specific planning and monitoring
 - ▶ Need district and divisional level estimates and area specific interventions to reduce IMR
- Small Area Specific Programmes
 - ▶ Need for a regular system of prospective surveillance of Maternal Mortality and research studies commissioned to measure MMR
- Accreditation System
- Assured Incoming Call (AIC) telephone at PHCs
 - ▶ We are recommending Public Access Telephone (PAT) for primary health centres

Thank You

